

# Cervical Cancer in California

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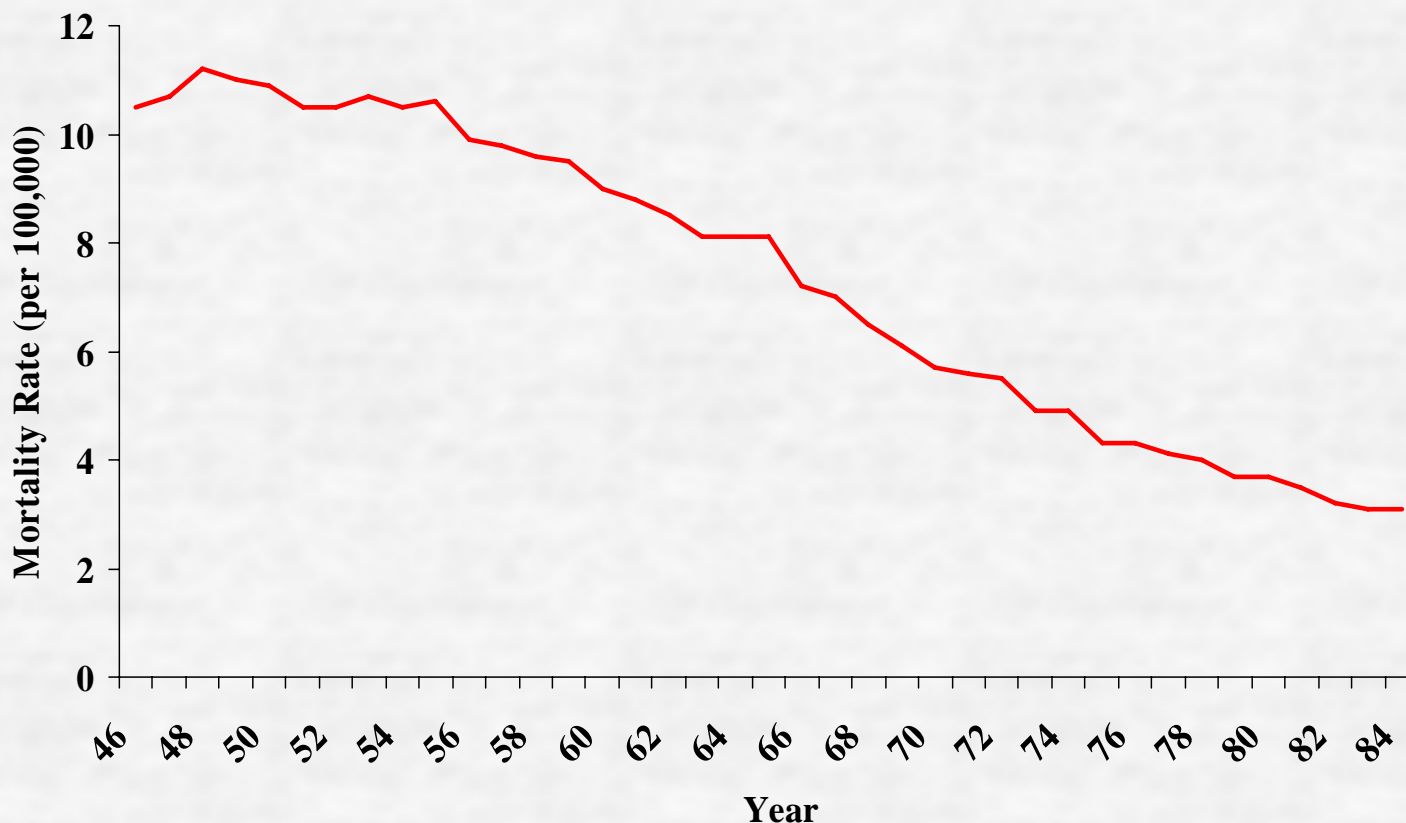


# Overview

- Decline in cervical cancer mortality: a success story
- Cervical cancer burden in California
- Guidelines for cervical cancer screening and evaluation of abnormal Pap tests guidelines



# Cervical Cancer Mortality Rates, U.S., 1946-1984



Source: Program for Improving Clinical Pap Smear Programs and Management, Office of Population Affairs, DHHS, 1987.



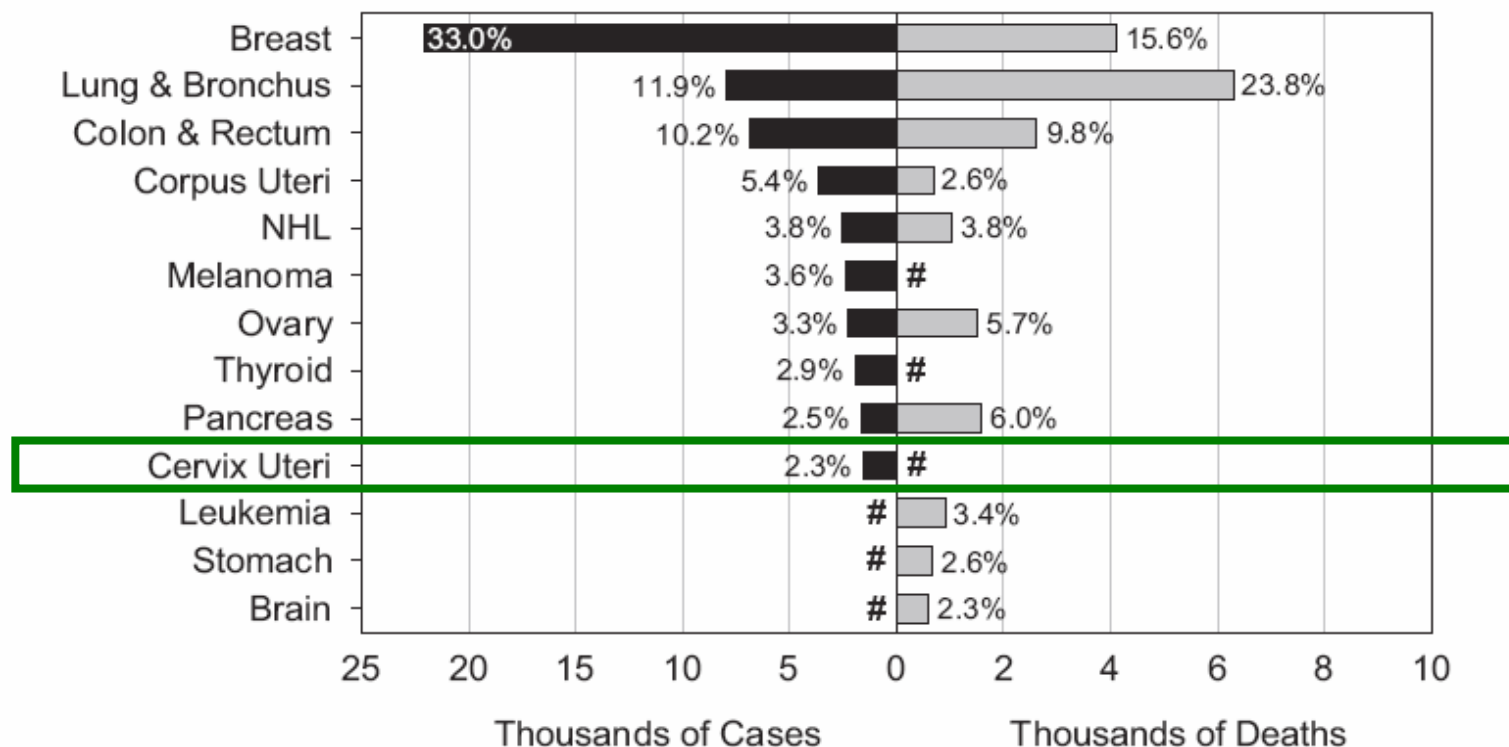
# Cervical cancer in California

In 2006 expect that

- 1550 new cases of invasive cervical cancer will be diagnosed among California women
- 400 California women will die from cervical cancer



# Ten leading causes of cancer incidence and mortality among females, California, 2002



Prepared by the California Department of Health Services, Cancer Surveillance Section

# Not among the ten leading causes.

Source CCR (10/04) and Center for Health Statistics Death Master Files. Excludes *in situ* cancers except bladder.

NHL = non-Hodgkin's lymphoma; Brain = brain and other nervous system.



# Ten most common cancer sites diagnosed by race/ethnicity, California, 1999-2003

Rank	All Races	Asian/PI	Hispanic	Non-Hispanic Black	Non-Hispanic White
1	Breast	Breast	Breast	Breast	Breast
2	Lung	Colon/rectum	Colon/rectum	Lung	Lung
3	Colon/rectum	Lung	Lung	Colon/rectum	Colon/rectum
4	Uterus	Uterus	Cervix	Uterus	Uterus
5	NHL	Thyroid	Uterus	Pancreas	Melanoma
6	Melanoma	NHL	Thyroid	NHL	NHL
7	Ovary	Ovary	NHL	Cervix	Ovary
8	Thyroid	Stomach	Ovary	Ovary	Urinary bladder
9	Pancreas	Cervix	Leukemia	Myeloma	Pancreas
10	Cervix	Liver	Kidney	Kidney	Thyroid

Source: California Cancer Registry, April 2006

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# Ten most common cancer sites diagnosed by race/ethnicity, California, 1999-2003

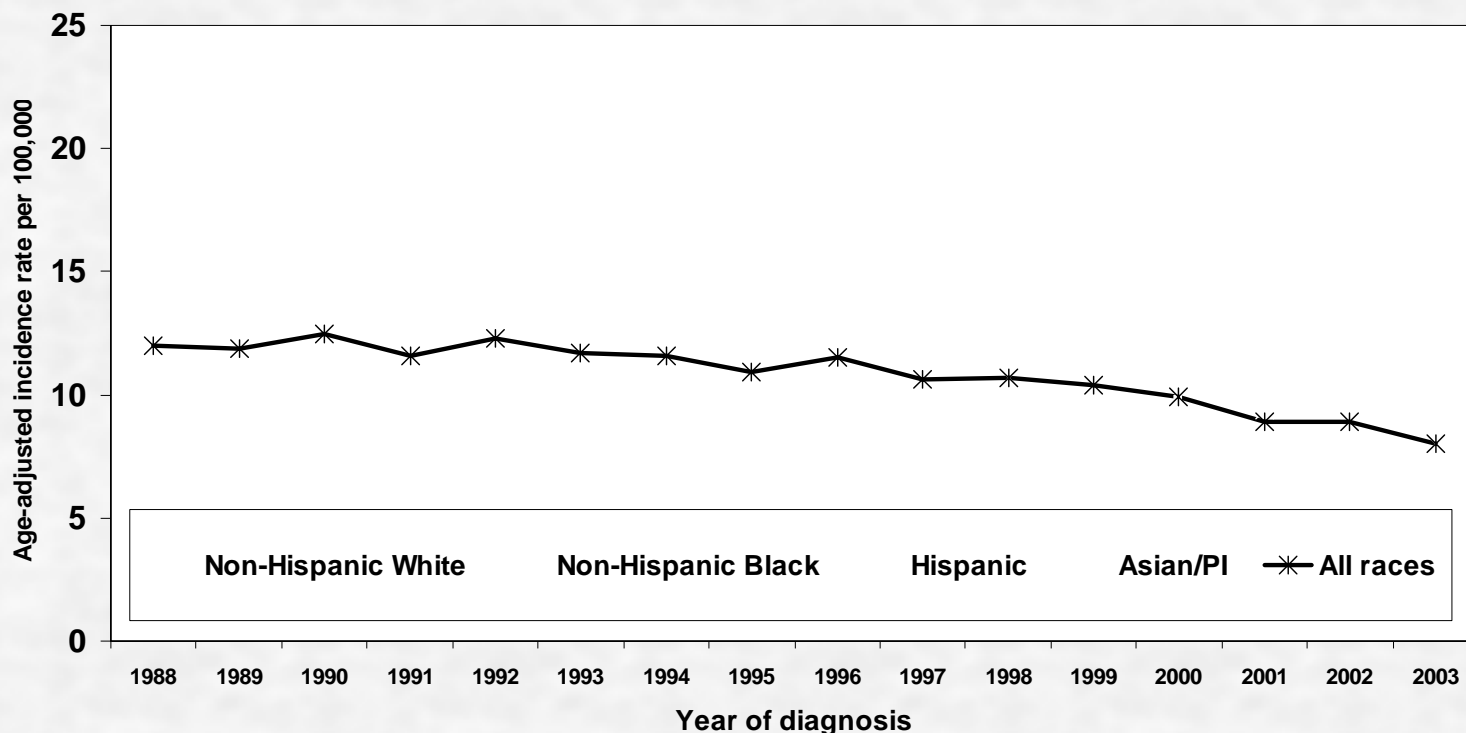
Rank	Chinese	Japanese	Filipino	Korean	Vietnamese
1	Breast	Breast	Breast	Breast	Breast
2	Colon/rectum	Colon/rectum	Colon/rectum	Colon/rectum	Colon/rectum
3	Lung	Lung	Lung	Stomach	Lung
4	Uterus	Uterus	Uterus	Lung	Thyroid
5	Ovary	NHL	Thyroid	Liver	<b><u>Cervix</u></b>
6	Stomach	Liver	NHL	<b><u>Cervix</u></b>	Liver
7	NHL	Pancreas	Ovary	Thyroid	Ovary
8	Thyroid	Ovary	<b><u>Cervix</u></b>	Uterus	NHL
9	Liver	Thyroid	Pancreas	Ovary	Stomach
10	Oral/pharynx	Urinary Bladder	Leukemia	Pancreas	Uterus

Source: California Cancer Registry, April 2006

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# Cervical cancer incidence trends by race/ethnicity, California, 1988-2003

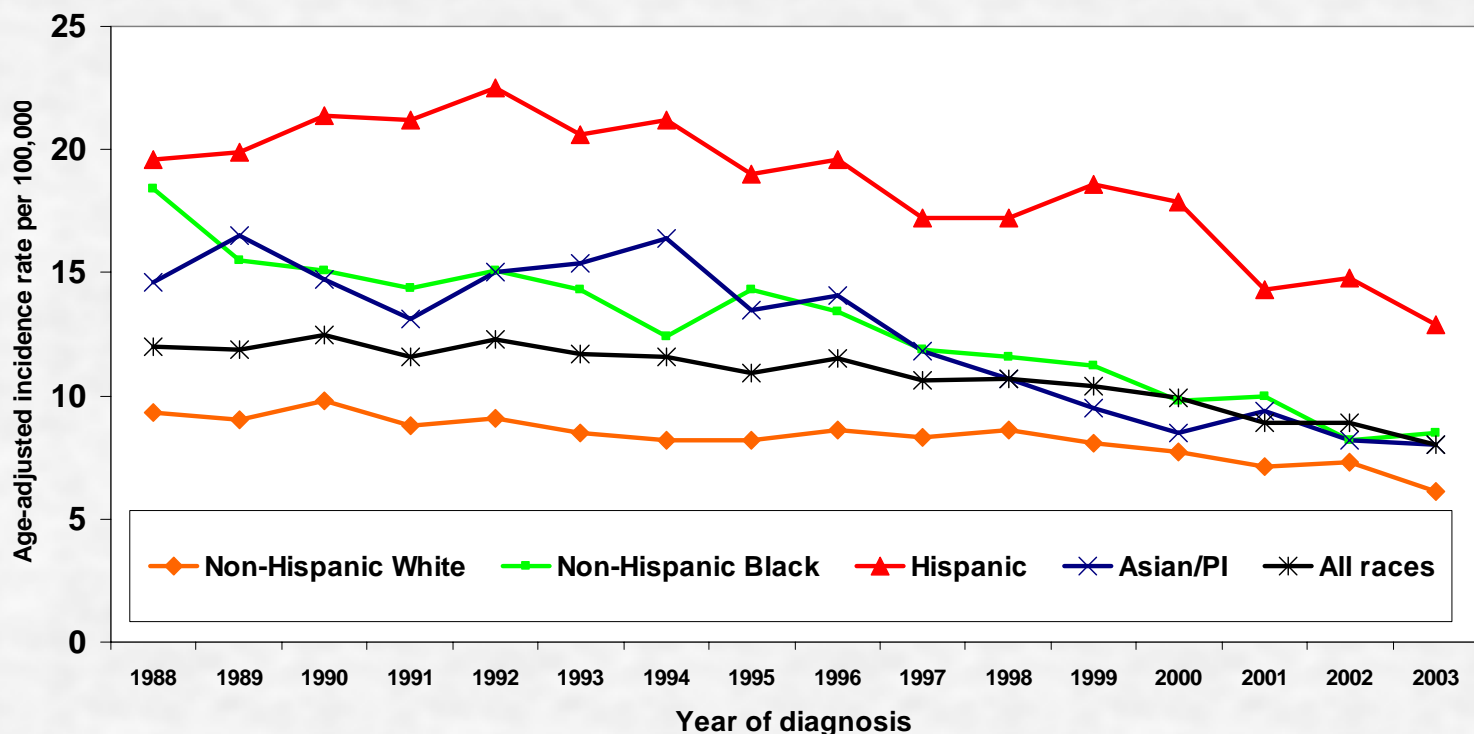


Source: California Cancer Registry, April 2006





# Cervical cancer incidence trends by race/ethnicity, California, 1988-2003

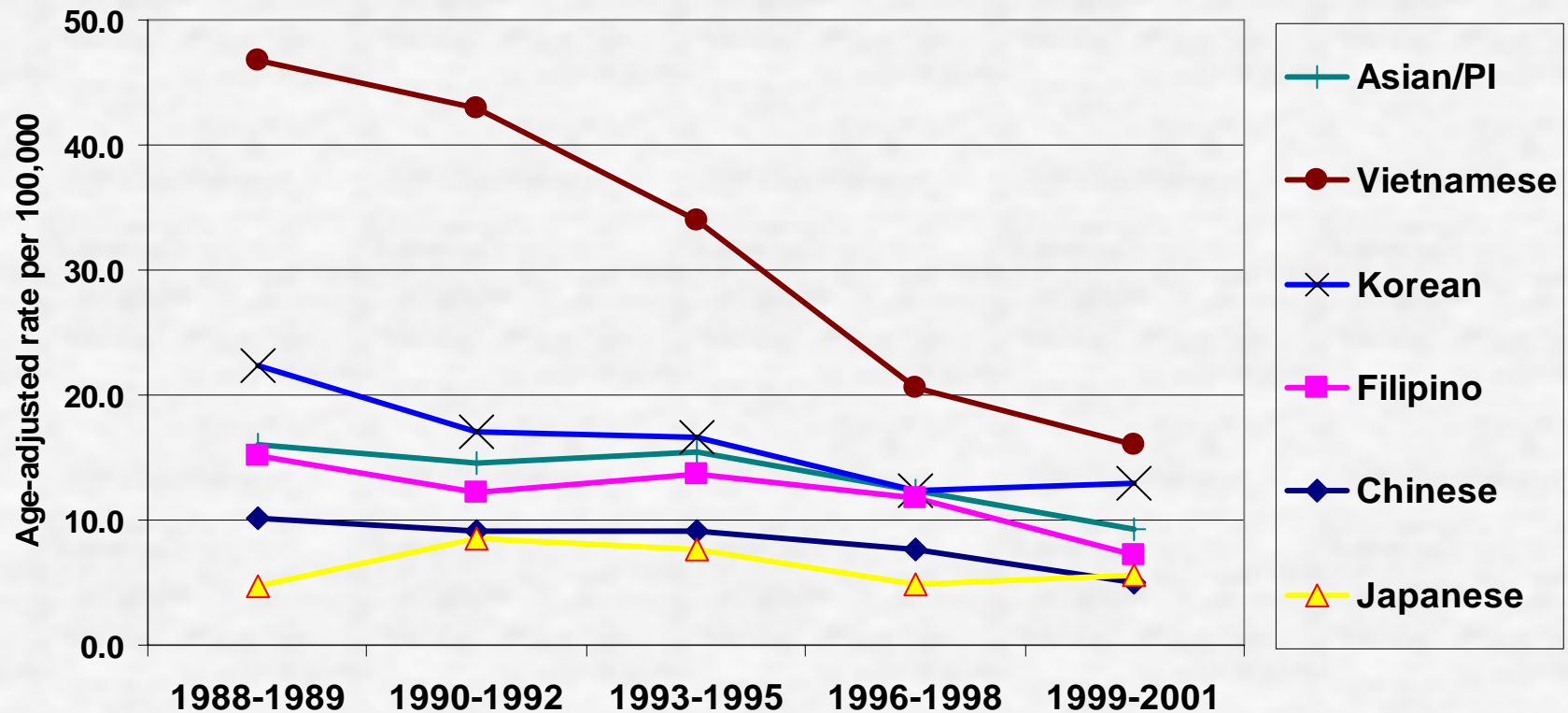


Source: California Cancer Registry, April 2006

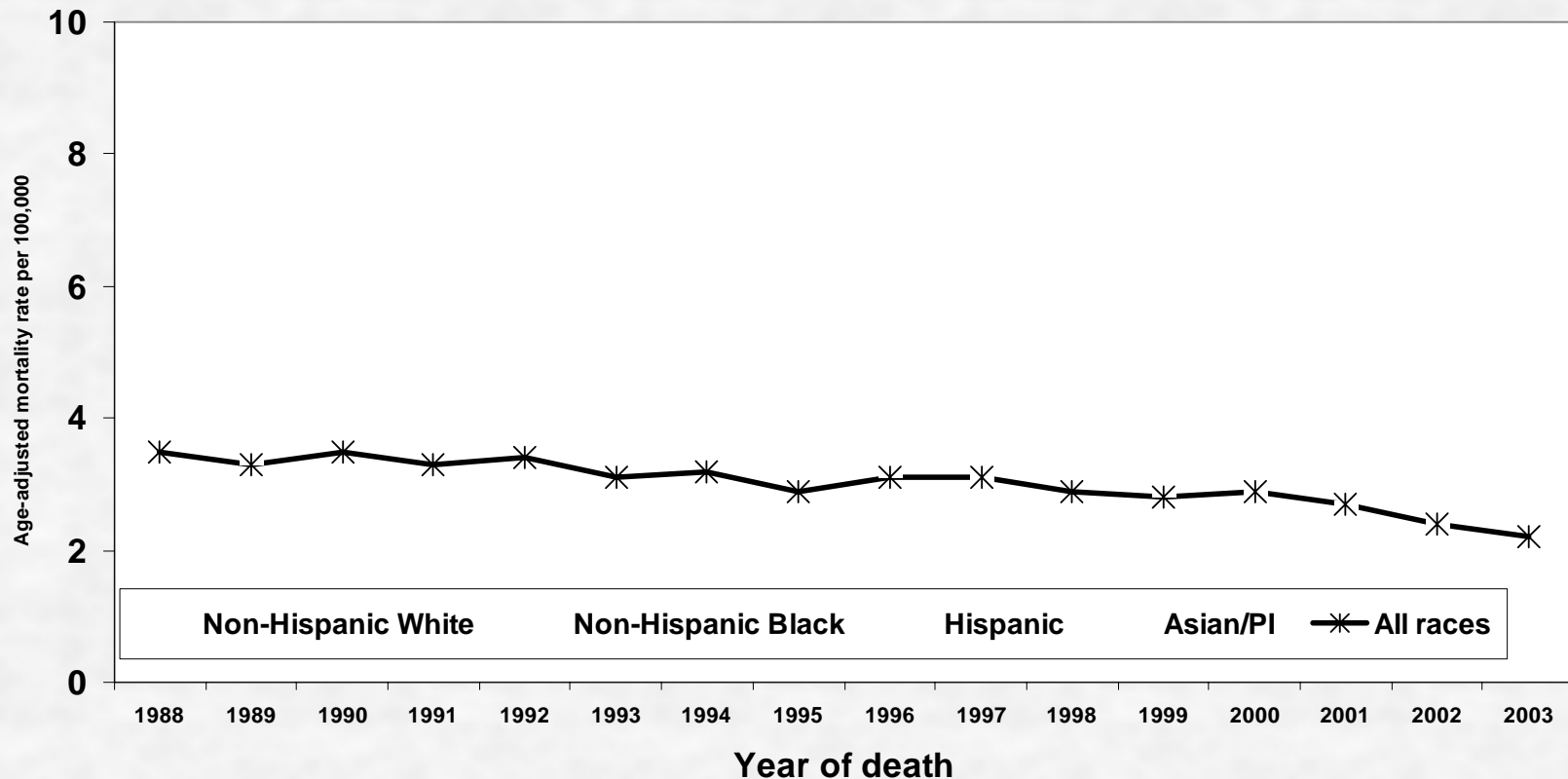
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# Cervical cancer incidence trends: Asian subgroups, 1988-2001



# Cervical cancer mortality trends, by race/ethnicity, California, 1988-2003

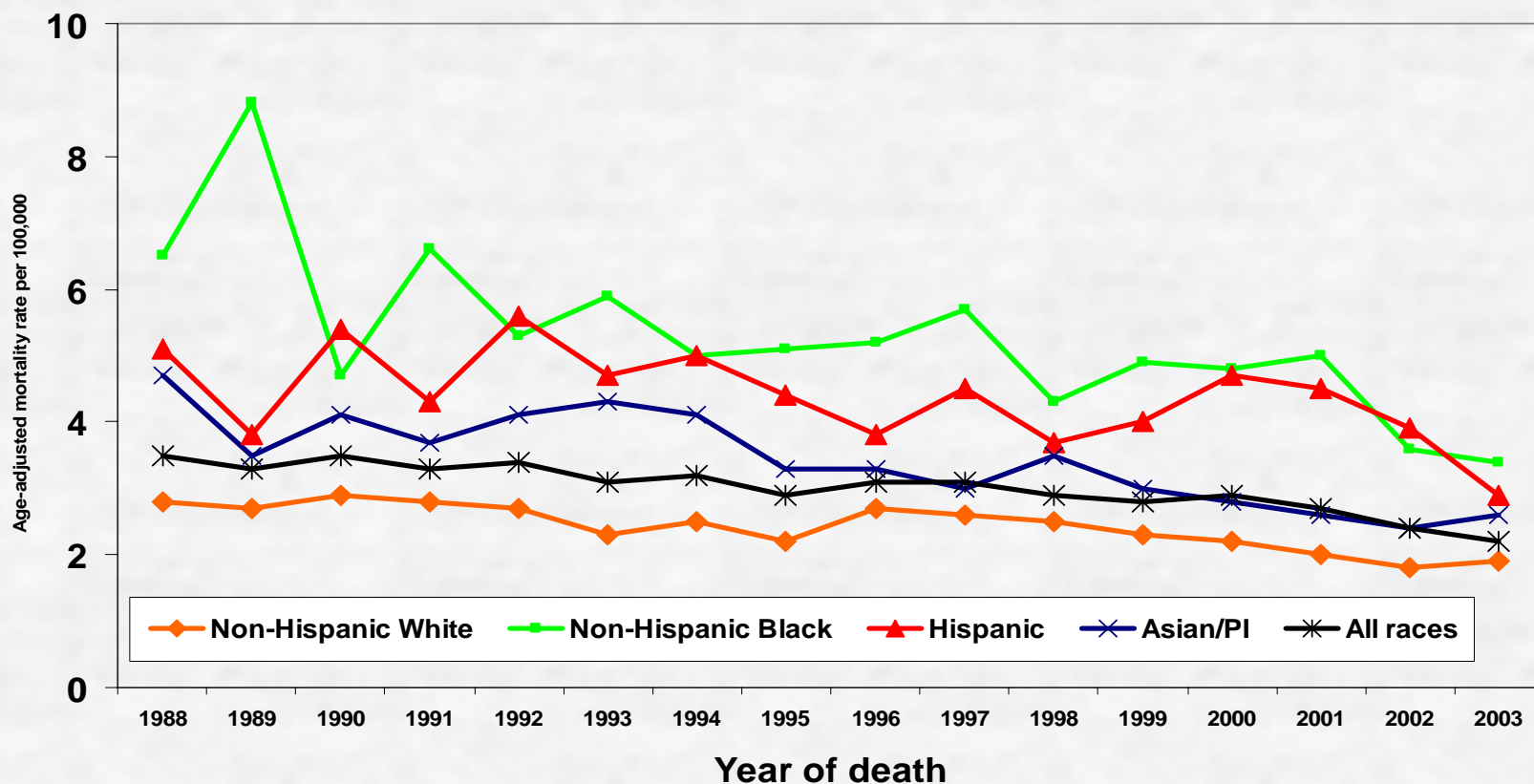


Source: California Cancer Registry

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# Cervical cancer mortality trends, by race/ethnicity, California, 1988-2003

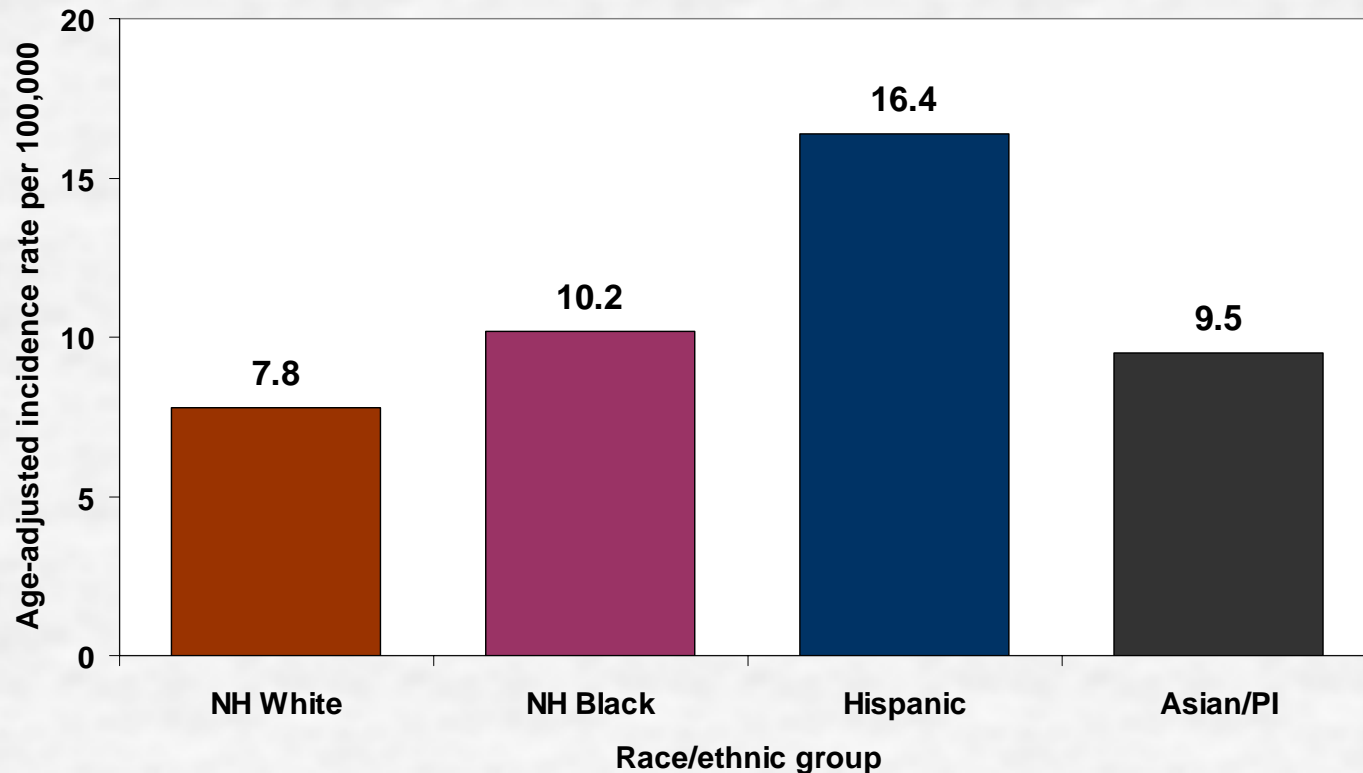


Source: California Cancer Registry

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# Cervical cancer five-year age-adjusted incidence rates by race/ethnicity, California, 1998-2002

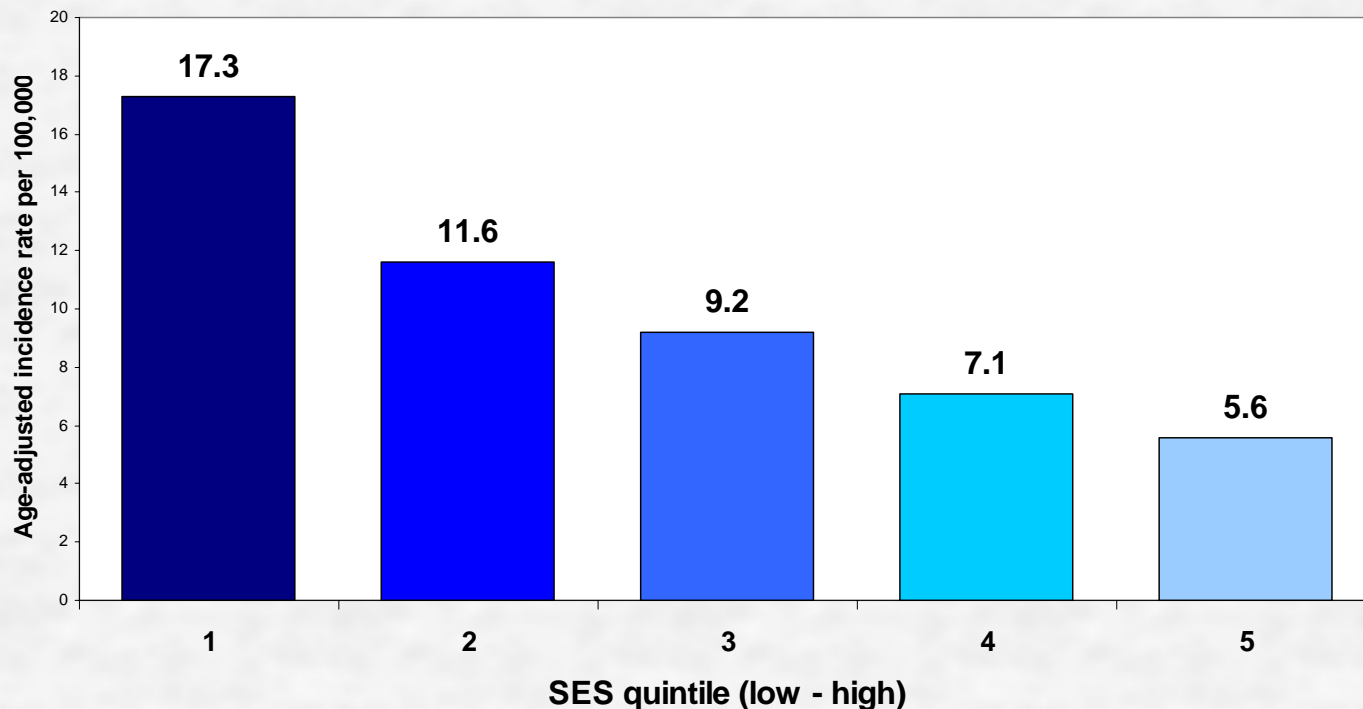


Source: California Cancer Registry

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# Cervical cancer five-year age-adjusted incidence rates, by socioeconomic status, California, 1998-2002

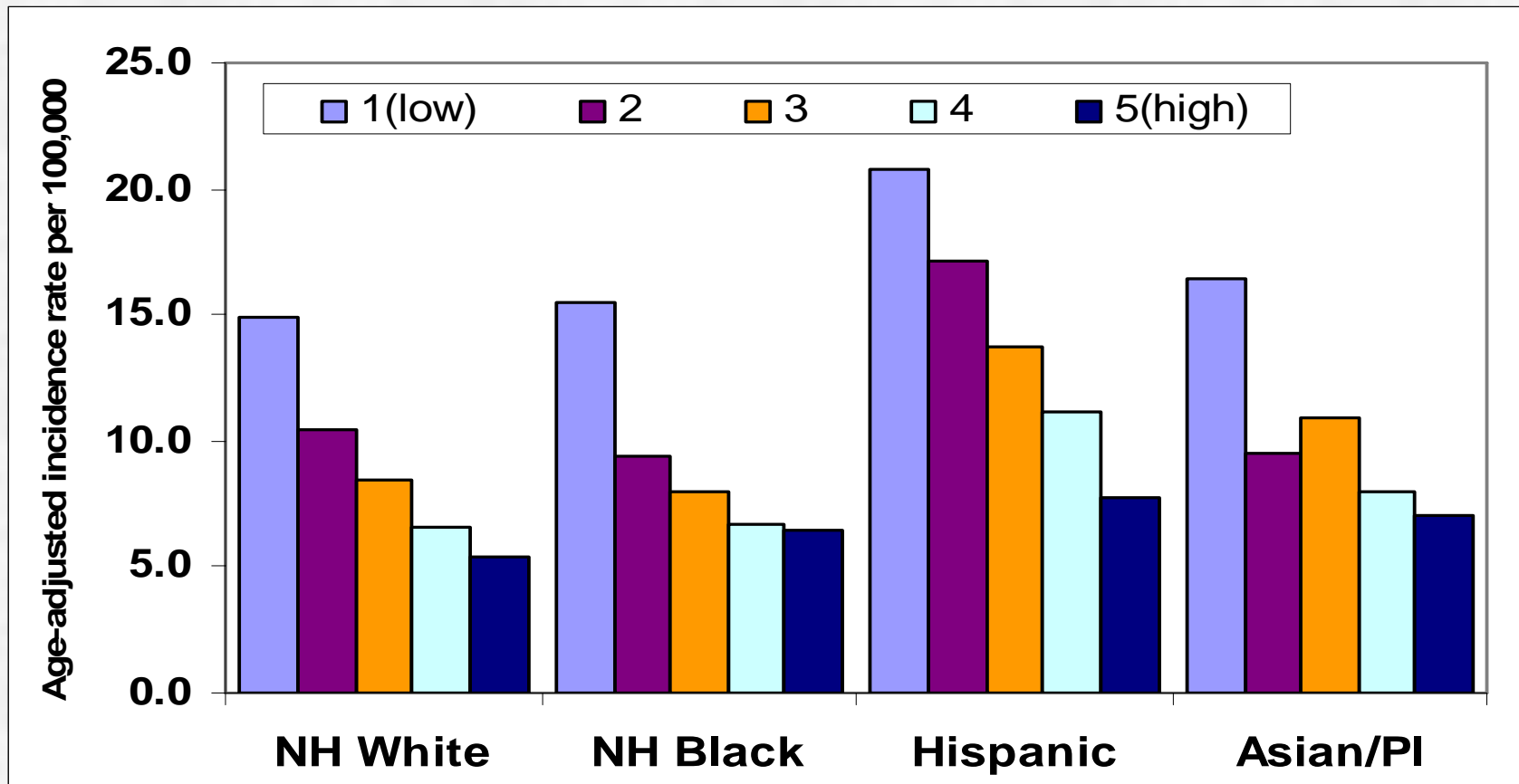


Source: California Cancer Registry

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# Cervical cancer five-year age-adjusted incidence rates by race/ethnicity and SES quintile, California, 1998-2002



Source: California Cancer Registry

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# Cervical cancer risk factors

- Unprotected sex
- Multiple sexual partners
- History of abnormal Pap test
- History of cervical cancer/pre-cancerous cervical lesions
- Immunocompromised
- Smoking
- Early age of intercourse
- **Poverty**

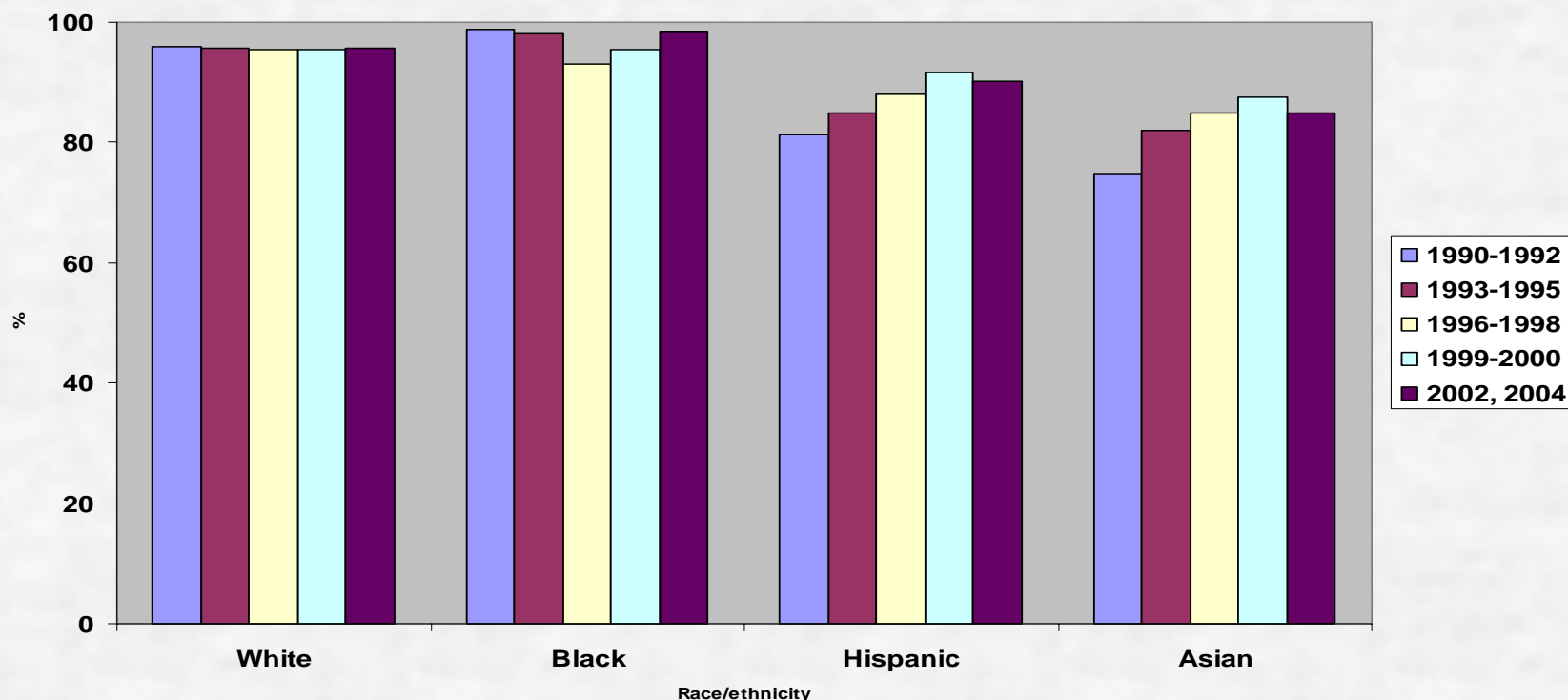




# Screening for cervical cancer in California



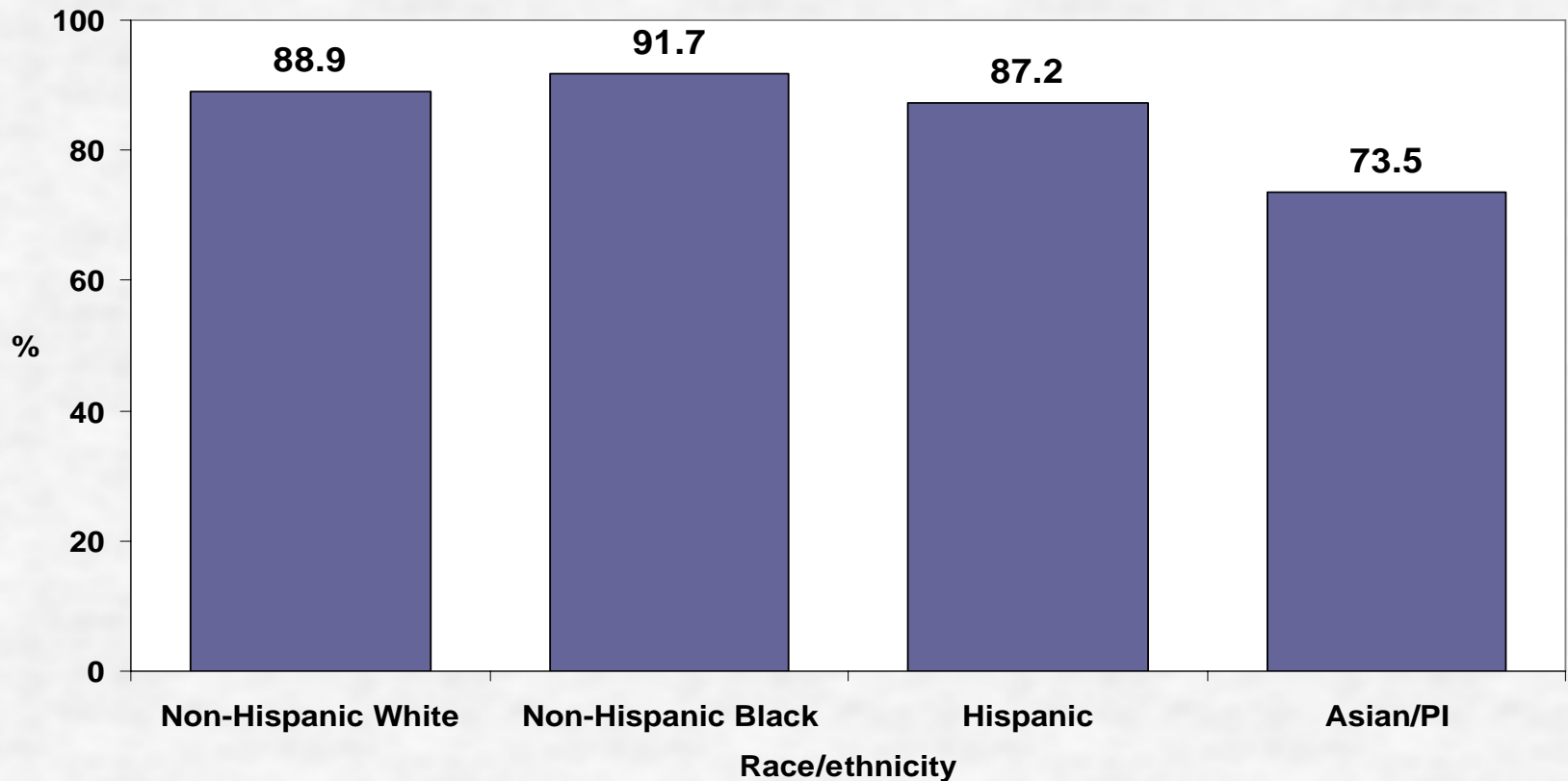
# Women reporting ever having a Pap test by race/ethnicity, California, 1990-2004



Source: Behavioral Risk Factor Surveillance System (BRFSS)



# Percentage of California women without a hysterectomy reporting a recent Pap test (within past 3 years)



Source: 2003 California Health Interview Survey

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# Cervical cancer screening disparities

Regular Pap testing is less frequent among:

- Immigrants
- Older women
- Low-income women
- Uninsured women
- Women without a primary source of health care



# Pap Screening: When to Start

- 3 years after onset of vaginal intercourse, no later than age 21
- Annually until age 30 (or every 2 years w/ liquid cytology)
- At age 30, women with 3 consecutive satisfactory normal Paps can be screened every 2-3 years



# Terminology for abnormal Pap tests

- ASC-US = Atypical squamous cells of undetermined significance
- LSIL = Low-grade squamous intraepithelial lesion
- ASC-H = atypical squamous cells – cannot excluded high grade intraepithelial lesion
- HSIL = high-grade intraepithelial lesion



# 2001 Guidelines for the Management of Abnormal Paps

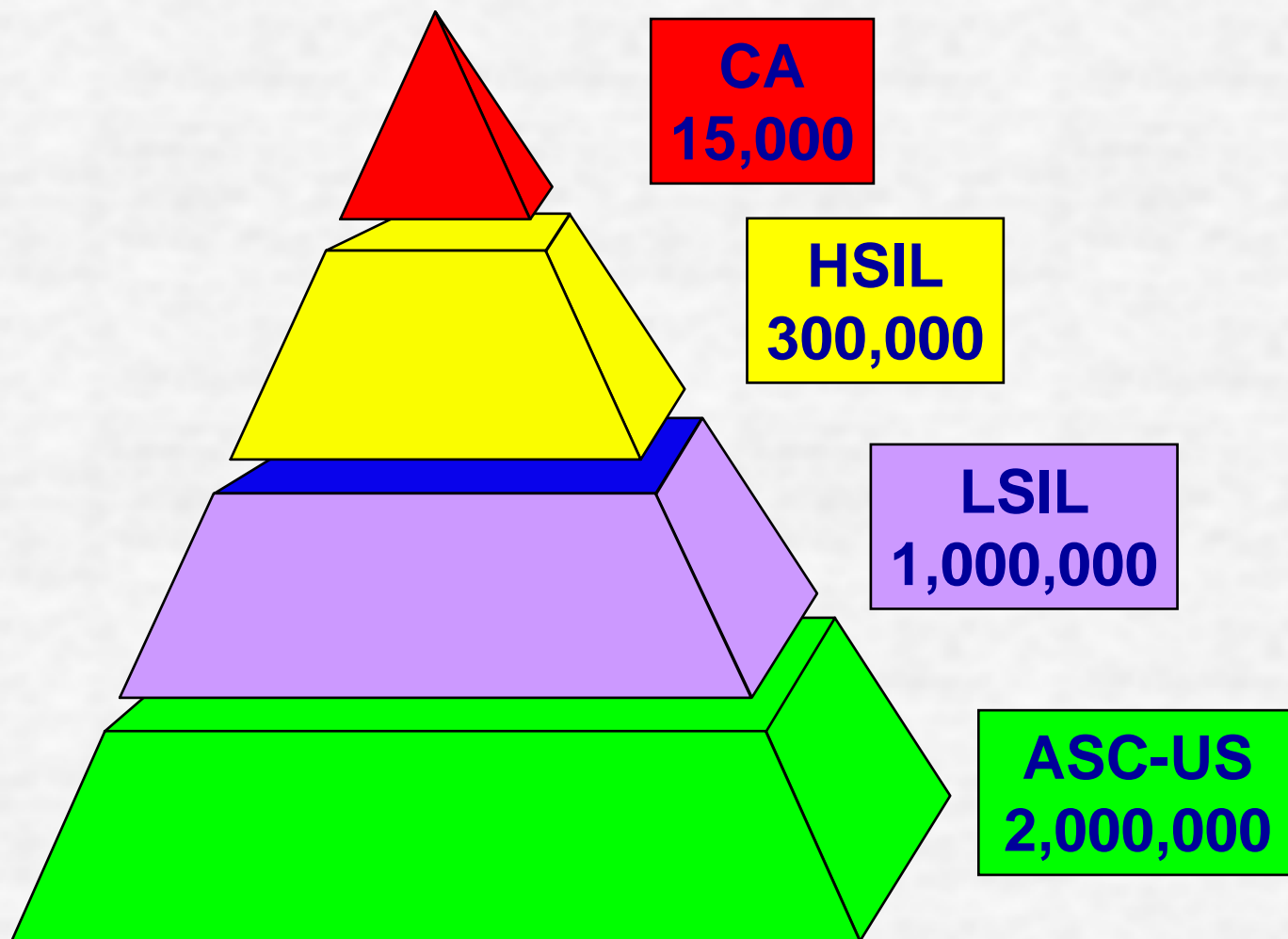
ASC-US	Repeat Pap at 4-6 mo intervals OR Colposcopy OR HPV testing for triage to colposcopy
LSIL in adults	Colposcopy
LSIL in adolescents	Repeat Pap at 6 and 12 months OR HPV testing at 12 months OR Colposcopy
Persistent ASC-US or LSIL	Colposcopy
ACS-H or HSIL	Colposcopy

JAMA 2001;287:2120-9

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# Estimated Annual Abnormal Pap Tests, U.S.



Modified from Hildesheim, A., National Cancer Institute

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# Summary

- Cervical cancer incidence and mortality have declined dramatically after pap test use became widespread
- Disparities persist, with highest incidence rates among Hispanic women and highest mortality rates among non-Hispanic black women



# Summary

Highest incidence is found among the poorest women

Pap test utilization varies by race/ethnicity, socioeconomic factors, immigrant status



# Resources

California Cancer Registry  
[www.ccrca.org](http://www.ccrca.org)

California Health Interview Survey  
[www.askchis.com](http://www.askchis.com)

